## DECLARATION FOR PATENT APPLICATION

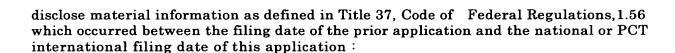
As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

| the specifica                   | tion of which                                                                                                          |                               |                                               |                                                 |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|-------------------------------------------------|
| (Check one)                     | <ul><li>[X] is attached here</li><li>[] was filed on</li><li>Application Serial N</li><li>and was amended on</li></ul> | lo                            |                                               | as                                              |
|                                 | e that I have reviewed<br>including the claims,                                                                        |                               |                                               |                                                 |
|                                 | e the duty to disclose i<br>ion in accordance with                                                                     |                               |                                               |                                                 |
| foreign appli<br>identified bel | m foreign priority ben<br>cation(s) for patent o<br>ow any foreign applicat<br>hat of the application                  | r inventor's<br>tion for pate | s certificate listed<br>nt or inventor's cert | below and have also<br>dificate having a filing |
| Prior Foreig                    | n Application(s)                                                                                                       |                               |                                               | Priority Claimed                                |
| <u></u>                         | umber) (Co                                                                                                             | ountry)                       | (Day/Month/Year filed)                        |                                                 |

I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, in so far as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code 112. I acknowledge the duty to



| (Application Serial No) | (Filing Date) | (Patented, Pending, Abandoned) |
|-------------------------|---------------|--------------------------------|
| (Application Serial No) | (Filing Date) | (Patented, Pending, Abandoned) |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of s   | ole or first in | nventorM     | likio FUJITA   |              |
|------------------|-----------------|--------------|----------------|--------------|
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| Full name of sec | ond inventor_   |              |                |              |
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